

found at: sosmt.gov/elections

Declaration for Nomination and Oath of Candidacy

Filed thisday of	20 ~
	,20
Fee paid: cash check	
	cred
Bv:	

Sull of Sundidaey	Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNT	
Filing for office of: ALEIGHB BRHOOD COUNCIL 4 Full name of office including district and/or department numbers if applicable	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot): $\mathbb{R}^{\mathcal{I}} S $	IPRD D. ASHLEY
2116	ind State Zip Code 59405
700//	
CONTROL OF THE STATE OF THE STA	And State Zip Code SREAT RALCS 59400
County of Residence Contact Phone Email Address	Website Address
CASCADE 770-9025 DERNASH	12E977@6mm
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWI	NG INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the ballot):	
Mailing Address: Resid	ence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOW	WING:
legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	
	ereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR A I hereby affirm that I possess, or will possess within constitutional and statutory de the United States and the State of Montana. Signature of Candidate	
NOTARY PUBLIC OR AUTHORIZED OFFICER	2
State of Montaha County of Signed and sworn to before me this day of day of	B) by (Charles of Condidate)
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801	Signature of Notary or Public Official
Helena, MT 59620 Online: sosmt.gov/elections/filing/ State of Residing at	Printed Name of Notary Public BLIC for the Montana Great Palls, Notary Public for the State of
Where to file County City and most My Commis	elon Expires Residing at:
County Election Office A list of county election offices may be [SEAL/STAMP]	My commission expires:, 20

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Montesus
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Declaration for Nomination and Oath of Candidacy

E G	Filed this 3 day of May 20 Z
FOR FILING OFFICE ONLY	Fee paid: cash check credit By: Deputy or Filing Officer

	Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STA	ITE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filing for office of: Neighborhood Council # Full name of office including district and/or department numbers	if applicable Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	Susan Ashley	
Mailing Address	City and State	Zip Code
4231 7 Ave NO	6+ Falls 14+	59405
Residence Address	City and State	Zip Code
4231 7 Ave No	G+Falls MT	59405
	il Address Website Address	
Cascade 406-350-3122	n as 455 meyahoocon	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE	THE FOLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the	ballot):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE	OF THE FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which legislative district if it contains all or parts of more than one cou		, or of the
(b) I hereby affirm that I will meet the residency qualification(s) in of the Secretary of State in writing when I qualify or if I do not q	(a)above for 6 months preceding the general election and will n	otify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath o	f Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTAR		
I hereby affirm that I possess, or will possess within constitutional and the United States and the State of Montana.	a statutory deadlines, the qualifications prescribed by the Cons	ititution and laws of
Susan askley	5-3-21	
Signature of Candidate	Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of	01 63000	16/11
Signed and sworn to before me thisday of	20 by 0 ff	8/100/
Where to file Federal, Statewide,	Printed Name of Candidate	
State District and Legislative offices:		
Montana Secretary of State P.O. Box 202801	Signature of Notary or Public Official	
State Capitol Building, 1301 E. 6th Ave	T. MARCH	
2 nd Floor, Room 260 Helena, MT 59620	NOTARY PUBLIC for the Printed Name of Notary Pu	blie
Online: sosmt.gov/elections/filing/	State of Montana Residing at Great Falls, Notary Public for the State	of
100 444 2020	My Commission Expires	<u></u>
Where to file County, City and most Local District offices:	May 23, 2022 Residing at:	
County Election Office	My commission expires:	, 20
A list of county election offices may be found at: sosmt.gov/elections	/STAMP]	

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Start of Monicos



Declaration for Nomination and

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Oath of Candi	dacy DECE	IVENEE	Fee Paid: cash ch	eck
	MAY 2		Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FI	LED WITH SECRETARY OF STATE O	R COUNTY ELECTION AD	MINISTRATOR AS APPLICABLE	
Filing for	1 0 01: 41			172
office of: NEIGNBOR 1000	1 Council #4			Nonpartisan
Full name of office including district and	d/or department numbers if applic	cable Nam	e of Political Party	
Candidate Name (printed exactly as it should	d appear on the ballot):	ANDRA G	PHYNN	
Mailing Address: PO BOX TO	47	To	Reat Falls	59406
Street or PO Box		City	1	Zip
3/2494/	Tuo Zouth	6	Want Fully	59405
Street	ue, Jestine	Cit	v	Zip
Residence Address: 3624 9 4h C Street County of Residence: ascade	Home/Mo	bile Phone: 406 -8	36-7081 Work Phon	e: <u>406-453-466</u> 2
Email Address: <u>9UVNN 6 6 9M</u>	sail. Com	Website Address:		
IF THIS DECLARATION IS FOR THE OFFICE OF GOVE	RNOR, YOU MUST COMPLETE THE	FOLLOWING INFORMAT	ION	
Lieutenant Governor Name (printed exactly a	MAINTENAN SELYED RESIDENCE OFFI SELECTION AND AN AREA			
Mailing Address:	THE COMMENT AND THE STATE OF	,	:	
Phone: Email Address:		Website Address:		
IF THIS DECLARATION IS FOR THE STATE LEGISLAT	URE, YOU MUST SELECT ONE OF T	HE FOLLOWING:		
(a) I hereby affirm that I am either a resi			ntains one or more legislative	districts, or of the
legislative district if it contains all or p				
(b) I hereby affirm that I will meet the re			ceding the general election a	nd will notify the office
of the Secretary of State in writing wh FILING FEE – FEE MUST BE PAID BEFORE FILING IS		у.		
Candidate Filing Fee, if applicable, in the	amount of \$	is hereby submitte	d with this Declaration and (Dath of Candidacy.
DATH OF CANDIDACY - CANDIDATE MUST SIGN IN				
hereby affirm that I possess, or will possess	within constitutional and sta	itutory deadlines, the	qualifications prescribed by	the Constitution and laws of
the United States and the State of Montana.	7		71	
Sandka Fu	upin		7/25/2021	_
Signature of Candidate		Date	e	
NOTARY PUBLIC OR AUTHORIZED OFFICER				
State of Montana				
County of Clascade				
Signed and sworn to before me this 25th	_day of May	202/b	Sandra Guy. Printed Name of	an .
			Printed Name of	Candidate
Where to file for Federal, Statewide,		W	n - 1 m	,
State District and Legislative offices: Montana Secretary of State			auch Wille	M
State Capitol, 2 nd Floor, Room 260		Signature of	of Notary or Public Official	
PO Box 202801			Mario	Marke
Helena, MT 59620-2801			Printed Name of N	Mead C
Online: scs.mt.gov By Fax: 406-444-2023				er noettilaan (o. 🖚 o. t. Ar. 1. Servat Andread (o. 1)
	A STATE OF THE STA	ARIE D. MEADE	Notary Public for t	ne State of Montana
Where to file for County, City and most Local District offices:	NOT/	ARY PUBLIC for the	Residing at: Gre	ettalls. MT

County Election Office A list of county election offices may be found at sos mt gov/elections

Residing at Great Falls, Montana My Commission Expires January 31, 2022

My commission expires: /~ 3/ 20ユモ